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Weekly Bulletin



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GUY P. JONES
EDITOR

How to Care for Milk in the Home.

Take milk into the house without delay and keep it cool, preferably by putting it at once into an ice box. In summer milk left out of doors will warm up quickly, causing it to sour early, and if filth bacteria are present, to become unfit for food. Moreover, as the milk grows warm it expands and leaks around the cap of the bottle, thus attracting flies and possibly also inviting visits from cats and dogs.

In winter while milk keeps cold out-of-doors, it expands when it freezes and forces out the cap, thus exposing the top portion of the milk to the dust of the streets and to animals.

If milk is not delivered in bottles, which it should be, a Mason jar, or some other covered receptacle, should be supplied for it to be poured into. Do not put out a pitcher or any other uncovered receptacle.

Keep milk cold. Careless housewives often allow milk to spoil that was delivered to them in prime condition by letting it stand for a long time in a hot kitchen or dining room.

The colder milk is kept, the longer it will keep. Therefore, do not leave milk where it will get warm. If possible, put the receptacle directly against the ice. If this can not be done, put it in the compartment of the ice box directly beneath the ice chamber, for the air circulating through the ice chest is cold-

est directly after it passes over the ice. If no ice box is used, keep the milk as cool as possible by putting it in the cellar, or by wrapping the bottle or other container in a damp cloth and setting it out of the direct sunlight in a current of air.

Milk should not be placed in the same compartment with onions, strawberries or similar food, as it absorbs odors very readily. As an aid in preventing the absorption of such odors, keep the cap on the milk bottle while it is in the ice box unless the cap is torn or dirty, in which case a tumbler or cup may be inverted over the mouth of the bottle.

Keep the refrigerator very clean and see that the drain pipe and the shelf which catches the drip from the ice are kept free from slime. Brushes are made especially for cleaning the drain pipes of ice boxes.

Wipe off the cap and neck of the bottle before opening it. The top of a milk bottle is exposed to dirt, dust and flies during transportation and is handled, moreover, by the driver, whose hands can not well be kept clean while he is on his route.

Milk bottles, after being emptied, should be washed. All dairymen are required to wash their bottles at the dairy, but unless bottles are rinsed thoroughly in the home it is very difficult to remove the film of milk that sticks to the glass.

Milk bottles should be used for milk only. To put vinegar, molasses, kerosene or other substances into them is unfair to other customers, and to the dairyman. The bottle that is in your home today will be in some other home

tomorrow. Do as you would be done by. In some places the use of milk bottles for anything other than milk is forbidden by law.

A bottle cap can be removed easily with a fork or other sharp-pointed instrument, but care should be taken that the cap is not forced down into the milk. The practice of pushing the cap down with the thumb is a filthy one, and so is the habit of drinking milk from the bottle.

Milk that has been in the sick room should not be used by well members of the family, for milk is very easily infected with certain disease organisms which multiply rapidly therein, and therefore is peculiarly likely to serve as a carrier of communicable disease.

If you buy milk at a store, be sure that it is fresh, that it has been kept in a clean place and that it has been kept cold.

Vacuum bottles may be safely used for keeping milk cold for many hours. They are particularly convenient for maintaining milk at a low temperature while traveling. But vacuum bottle should never be used for keeping milk warm, for rapid growth of germs will inevitably take place.—New York State Department of Health.



Woman Fined for Breaking Quarantine.

A woman residing in Pasadena, whose home was under quarantine because of scarlet fever, was fined recently in police court for violation of quarantine regulations.

She took her entire family to the sea coast to visit relatives, and as a result was charged by Dr. F. W. Hodgdon, Jr., City Health Officer, with violation of the quarantine law. The court imposed a fine of twenty-five dollars, which was suspended, but not without a warning. The Pasadena health department shows that it is active in the enforcement of quarantine measures and its action in this matter will go far in commanding local respect for the law.



Bulletins Ready for Distribution.

Bulletins on the disposal of domestic sewage, rural and resort sanitation can be obtained now from the California State Board of Health, Bureau of Sanitary Engineering, University of California, Berkeley. The first named publication is a new edition of a bulletin first issued several years ago.

Considerations In Typhoid Control.

In his paper "Some Considerations In The Control of Typhoid Fever," presented at the annual conference of California health officers at Coronado, Dr. W. Leland Mitchell, health officer of Orange County said:

"Every community presents a different typhoid control problem. The large city is in a position to deal with sanitation in a way quite different from small towns and rural districts. Not only are the problems different in large cities, and in small towns and rural districts, but different problems arise in different parts of the country.

After a city reaches a certain size it becomes obliged to provide means for adequate sewage disposal for the people living therein. This is not always done because the health of the community is involved, but many times because the comfort of the people is enhanced by such improvement. Larger cities, too, afford protected water supplies and the danger of infection by this route is reduced to nil. They provide for adequate milk and food inspection and control, and epidemics arising from these sources are infrequent and rarely of any magnitude. Cities provide health supervision by trained epidemiologists and the danger of the spread of typhoid by contact is in large part checked.

Small towns and rural communities, however, are not so richly endowed, and, consequently, are not so adequately protected. Here is a fertile field for the rural health officer. In most small towns there are a few people or groups or organizations who are interested in the betterment of their community. If their interest is not entirely from the health standpoint, it may be from the standpoint of community pride. It is well known that small communities may be appealed to from this angle when all other means fail. Morbidity and mortality rates mean little to the small town inhabitant, but anything that will conduce to an argument whereby the peculiar advantages of his community may be promoted, whether it be an adequate sewage disposal system, good water, or a reliable milk supply, is a language he understands.

Typhoid fever may be termed a rural disease. As one goes from the city toward the rural districts, the incidence of typhoid per given number of population increases. There is a greater liability to it, because there is less protection against it.

Not only is the incidence higher and the liability greater, but adequate health

supervision in rural communities is more difficult. The dweller in a rural district is called upon to provide his own sanitary environment. His success depends upon his knowledge of the subject with which he is dealing, and this is too often very meager. In some parts of the country sanitation is pitifully inadequate. In more enlightened communities the rural dweller is more or less familiar with the fundamental laws involving the environmental protection against typhoid.

There are various estimates regarding the percentage of typhoid contracted in the rural districts and developing in the cities, and these estimates run from 30% to 56%. This class of cases makes up a very large portion of the cases occurring in the cities. Thus, the rural districts are responsible not only for the typhoid fever that appears rurally, but for a large portion of that that appears in cities as well.

We are agreed that individuals contract typhoid fever as a result of swallowing something which has been contaminated with the excretions of those who have the disease or are carriers of it. We must agree that if the line of communication between the alimentary tract of the typhoid patient or carrier and the esophagus of the fresh victim were broken there would be no new cases. That this line of communication is apparently more direct in rural districts is manifested by the high ratio of typhoid in these districts. Then, it leaves us too conclude that measures taken against the exchange of excretions in rural communities are of particular importance.

The reasons why this is especially difficult have been touched upon. Just what measures to promote in a given community depend entirely upon the conditions found in that community. The rural health officer must stand in a position to advise and urge those things which will best bring about the object sought. In any case, all feasible measures to break the line of communication between the typhoid patient or carrier and the well individual must be taken. Whether this be by close case supervision, by promoting better sewage disposal, by urging potable water or safe milk supplies, by providing for adequate inspection and control of food, or by vaccination, or any group or all of these methods of fighting the disease, depends on the situation at hand and the means at the disposal of the health officer.

Typhoid vaccination has taken a prominent place in rural health depart-

ments in some of the southern state counties. Vaccination en masse is practiced, and people, in particular negroes, are induced to submit to vaccination along the roads, in the fields, or at camp meetings. A large number of vaccinations have been completed in this way. This procedure has, in the south, the peculiar disadvantage that the individual who is vaccinated very often can not understand what has happened to him. However successful vaccination may be it can not do away with proper case supervision and adequate sanitary measures.

The rural health officer who looks into the epidemiology of cases, and his sanitarians who inspect and advise regarding sanitation may, go far in aiding the small community in solving its problem. Probably the most effective means of gaining the result sought is by the education of the small community to its needs and responsibilities. This is usually a slow and tedious process and oftentimes necessitates much patience and tact, but the results, when gained, are gratifying.



Will Inspect and Certify Laboratories.

The California State Board of Health, through its State Hygienic Laboratory, is carrying out a policy of inspection and certification of pathological laboratories.

The plan has been built up on the general powers of the board in the control of communicable disease, to require that certain examinations having a direct public health bearing may be made only in laboratories which are considered by the board to be competent to make such examinations.

The scheme is partly a matter of requirement as mentioned above and partly a matter of voluntary cooperation on the part of the laboratories. Originally intended only to be applied for the insurance of careful work in such diseases as diphtheria and typhoid, it has now been extended, at the suggestion of a number of men engaged in private laboratory work, to include any or all of the public health laboratory procedures.

Laboratories applying for approval will be inspected and certified for all examinations that they appear qualified to carry out. It is not the intention to require the adoption of certain methods, but merely to see that the methods in use are not plainly improper.

The Hygienic Laboratory wishes to be of service by advice and suggestion so that any laboratory desirous of being

certified may become eligible if not already in that class. In pursuit of this policy correspondence regarding laboratory practice is invited.

Certificates suitable for framing and subject to annual renewal are issued without charge to approved laboratories. A laboratory subject to inspection may be called upon from time to time to make test examinations as a check on the quality of supervision and technical work in that laboratory. Undoubtedly, physicians will, in the future, look for this certificate as evidence of merit.



MORBIDITY.*

Diphtheria.

91 cases of diphtheria have been reported, as follows: Oakland 21, San Diego 1, Los Angeles County 8, San Francisco 20, Sacramento County 2, Contra Costa County 4, Santa Monica 1, Santa Ana 1, Stanislaus County 1, Fullerton 1, Fresno County 2, Glenn County 2, Daly City 2, Petaluma 2, Humboldt County 1, Sacramento 1, Benicia 2, Stockton 2, Santa Cruz 1, Monterey County 1, Long Beach 1, Fresno 1, Ukiah 2, Berkeley 4, Colusa 1, Santa Paula 1, Glendale 2, Alameda 1, Fort Bragg 1, Salinas 1.

Scarlet Fever.

48 cases of scarlet fever have been reported, as follows: San Francisco 9, Santa Monica 1, Santa Ana 2, Santa Clara County 3, Stanislaus County 1, National City 2, East San Diego 1, Hawthorne 1, Livermore 1, Fresno County 1, San Joaquin County 1, Stockton 1, Sacramento 1, Los Angeles County 4, Plumas County 1, Orange County 1, Alameda 1, Monterey County 1, Watsonville 1, Ukiah 1, Berkeley 2, Oakland 9, San Diego 1, Pittsburg 1.

Measles.

109 cases of measles have been reported, as follows: San Francisco 78, Fort Bragg 9, Fresno County 1, South San Francisco 2, Alameda 1, Pomona 1, Manteca 3, San Gabriel 1, Alhambra 1, Solano County 1, Los Angeles County 1, Napa 1, Lompoc 1, Monterey County 2, Long Beach 2, Oakland 3, Salinas 1.

Whooping Cough.

16 cases of whooping cough have been reported, as follows: Contra Costa County 1, Santa Clara County 3, San Gabriel 1, Stockton 1, Los Angeles County 1, Fresno 8, Berkeley 1.

Smallpox.

8 cases of smallpox have been reported, as follows: Chino 1, Alameda County 3, Los Angeles County 4.

Typhoid Fever.

17 cases of typhoid fever have been reported, as follows: Redlands 1, Merced County 1, Santa Ana 1, San Joaquin County 2, Berkeley 1, Alameda 1, San Francisco 1, Sacramento 1, San Bernardino County 1, Long Beach 1, Fresno 1, Salinas 2, Modesto 1, California 2.

Epidemic Encephalitis.

San Francisco and Ontario each reported a case of epidemic encephalitis.

Anthrax.

Napa reported one case of anthrax.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Pomona 1, Los Angeles County 2, Long Beach 1, San Diego 1, Ontario 1.

Cerebrospinal Meningitis.

San Diego reported one case of cerebrospinal meningitis.

*From reports received on September 17 and 18 for week ending September 15.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 15 received by Sept. 17	Week ending			Reports for week ending Sept. 16 received by Sept. 19
	Aug. 25	Sept. 1	Sept. 8		Aug. 26	Sept. 2	Sept. 9	
Anthrax.....	0	2	1	1	0	2	0	0
Cerebrospinal Meningitis.....	1	0	3	1	2	1	2	1
Chickenpox.....	21	40	33	23	18	28	21	30
Diphtheria.....	130	121	156	91	95	86	82	106
Dysentery (Bacillary).....	7	2	0	1	0	9	2	3
Epidemic Encephalitis.....	3	4	0	2	2	1	3	1
Gonorrhoea.....	62	95	112	56	86	110	138	100
Influenza.....	5	4	5	2	5	10	3	6
Leprosy.....	0	1	1	0	0	0	5	0
Malaria.....	3	8	2	5	12	6	9	8
Measles.....	167	215	180	109	12	8	7	7
Mumps.....	7	6	2	2	9	14	15	9
Pneumonia.....	16	27	54	14	40	63	43	47
Poliomyelitis.....	3	7	3	6	0	0	3	0
Scarlet Fever.....	43	45	49	48	30	40	36	42
Smallpox.....	17	16	6	8	22	29	4	20
Syphilis.....	86	67	169	61	86	94	130	124
Tuberculosis.....	183	155	162	88	94	127	167	159
Typhoid Fever.....	27	23	26	17	27	19	20	35
Whooping Cough.....	53	36	39	16	47	34	61	37
Totals.....	834	874	1003	551	587	681	751	735